## 2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P9900030834  1. Entity Name PRODUCTIVITY ENHANCEMENT GROUP, INC. |  |  |                                       |                                       | Jan 29, 2000 8:00 am<br>Secretary of State<br>01-29-2000 90021 018 ***150.00 |                  |               |                           |
|---|--|--|---------------------------------------|---------------------------------------|--|------------------|---------------|---------------------------|
| - ,   | ce of Business   | Mailing Address  |                                       |                                       |  |                  |               |                           |
| 6210 N. LOCKW<br>SARASOTA FL  | VOOD RIDGE RDSTE.236<br>34243  | 6210 N. LOCKWOOD RIDGE RD.,STE.236<br>SARASOTA FL 34243-2529 |                                       |                                       |  |                  |               |                           |
| 2 Principal P   | Place of Business  | 3. Mailing Address   | <u> </u>                              |                                       |  |                  |               |                           |
| •   | umberland Terrace  | 6923 Cumberland Terrace Suite, Apt. #, etc.                  |                                       | e                                     | ,                                      | WRITE IN THIS    |               |                           |
| City & State University Park, FL  |  | City & State University H                                    | City & State University Park, FL      |                                       | El Number 65 <b>-</b> 09   | 11317            |               | plied For                 |
| Zip Country 34201 USA   |  | Zip Country 34201 USA  |                                       | 5. (                                  | 5. Certificate of Status Desired   |                  |               |                           |
|   | 6. Name and Address of Curre   |  |                                       |                                       | lame and Address of No   | w Registered     | Agent         | _                         |
| 2033  | KIN, LAWRENCE M<br>MAIN STREET ,STE.400<br>ASOTA FL 34237  | المحمد الرابوفيي الدارات                                     | Street A                              | Stephen<br>ddress (P.O. B<br>6923 Cur | Garber  ox Number is Not Accept mberland Terr  ity Park                      | able)<br>ace     | Zip Cod       | <br>e                     |
| SIGNATURE .  9. This corporate fling r                                      | Signature, typed or printed name of registered agoration is eligible to satisfy its Intangi requirement and elects to do so.                               | ent and title if applicable. (NOTI                           | E: Registered Agent signat            | ure required when re                  | <i></i>  | DATE  DATE       |               | <b>0</b> May Be I to Fees |
| 11.   |  | ND DIRECTORS   | 12.                                   |                                       | L  | <br>OFFICERS AN  | D DIRECTORS   | 5 IN 11                   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       |  | Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/P/T<br>Stepher<br>6923 Cu           | Garber<br>Imberland Teri<br>Sity Park, FL                                    |                  | ☐ Change      | Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       |  | Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                       | Sarber<br>umberland Teri<br>sity Park, FL                                    |                  | ☐ Change      | X Addition                |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                                    | -  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP | -                                     | -  |                  | □ Change      | Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                       |  | -                | ☐ Change      | ☐ Addition                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP |                                       |  |                  | □ Change      | Addition                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                       |  | ☐ Delete   | TITLE NAME STREET ADDRESS CITY-ST-ZIP | -                                     |  |                  | ☐ Change      | ☐ Addition                |
| <b>13.</b> I hereby o   | certify that the information supplied vide on this report or supplemental reporporation or the receiver or trustee er , or on an attachment with an addres |  |                                       | arra sha aaaaa l                      |  | dar aath, that I | am an afficar | or director               |

WAY SEED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED**